

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

25446

State File No.

Registration District No. 470

Primary Registration District No. 5633

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 69 days (Specify whether years, months or days)  
In this community 69 days

3. (a) PRINT FULL NAME Paul Christian Farris

3. (b) If veteran, name war. No. No 3. (c) Social Security No. 491-07-1011

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nellie Winn Farris 6. (c) Age of husband or wife if alive 55 years  
7. Birth date of deceased December 10th 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 7 18 hr. min.

9. Birthplace Randolph County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Elevator operator

11. Industry or business Shoe factory

12. Name Thomas Jackson Farris  
13. Birthplace Schuyler County, Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Margaret A. Davis  
15. Birthplace Boone County, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk  
(b) Address Missouri State Sanatorium

17. (a) Moberly, Mo. (b) Date thereof July 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo.

18. (a) Signature of funeral director H. D. Farris  
(b) Address Mount Vernon, Mo.

19. (a) 7-18-1941 (b) P. A. Halverson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 701 Harrison Ave  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18th  
year 1941 hour 7:15 minute A M.

21. I hereby certify that I attended the deceased from May 11, 1941 to July 18th, 1941  
that I last saw him alive on July 18th, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 2 yrs. approx  
Due to 12 1/2

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature W. L. Coffman (M. D. or other)  
Address Intervenor, Mo. Date signed 7-18-41

RECEIVED

District Health Officer No. 6,

District File Number 841-1336

Date Filed AUG 7 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Max Fossett

Registered Apprentice No. 268

working under my personal supervision.

Signed Mrs Ruth Fossett

Licensed Embalmer No. 2720

P. O. Address Mt Vernon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.